

JANUARY 1996

Health Certificate No. _____
(Valid only if the USDA Veterinary
Seal Appears over the Certificate No.)

U.S. ORIGIN HEALTH CERTIFICATE FOR THE EXPORTATION
OF CATTLE TO THE REPUBLIC OF SOUTH AFRICA

U.S. Department of Agriculture
Veterinary Services (State) _____

I. Identification of Animals: See Appendix

II. Name and address of exporter: _____

Name and address of farm of origin: _____

Port of embarkation: _____

III. Name and address of the consignee: _____

Means of conveyance: _____

South Africa import permit no. _____

IV. Health Data

The undersigned official accredited veterinarian hereby certifies the
following in relation to the animals described above:

- A. The United States is free of foot-and-mouth disease and bovine spongiform encephalopathy and vaccination against these diseases is prohibited in the United States.
- B. The premises of origin and an area within an 80 kilometer radius of the premises of origin have been free of vesicular stomatitis for at least 6 months.
- C. The animals originated from a premises which is not under an official government quarantine.

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- D. The animals originated from brucellosis and tuberculosis-free herds.
- E. The animals originated from herds clinically free of Johne's disease,

BVD, rabies, leptospirosis, vibriosis, trichomoniasis, and enzootic bovine leukosis.

- F. The animals were inspected within 21 days of departure and found to be clinically healthy and free from external parasites.
- G. The animals were not exposed to infectious or contagious diseases of bovine within 30 days of export.
- H. The animals were isolated under the supervision of a USDA-accredited veterinarian prior to the start of testing and until exportation.
- * I. The animals originated from herds clinically free of infectious bovine rhinotracheitis/infectious pustular vulvovaginitis (IBR/IPV) and animals for export were vaccinated with an approved vaccine on (date) _____ with (name of the product) _____. (If this certification cannot be met then the animals must be tested as required under test requirements.)
- J. The animals were treated for external parasites during isolation on (date) _____ with (name of product) _____ within 6 weeks of export.

TEST REQUIREMENTS

The animals were negative to the following tests during isolation and within 6 weeks prior to export; except for the TB test, which was conducted within 30-60 days prior to export. (The TB test can be conducted before the animals are placed in isolation.)

- | | | |
|-------------------------|---------------------------|---|
| 1. | Tuberculosis: | Intradermal caudal fold test using bovine PPD tuberculin.
Date of test: _____. |
| * 2. | Brucellosis: | Standard tube or standard plate test at 1:50 dilution. Date of test: _____.

(Test not required for animals under 2 years of age that were vaccinated with brucella strain 19 vaccine between the age of 4 and 8 months.) |
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| * 3. | IBR/IPV: | Serum neutralization test at 1:8 dilution.
Date of test: _____.
(Test not required if the certification statements in Item 1 can be met.) |
| 4. | Enzootic bovine leukosis: | Agar-gel immunodiffusion (AGID) test.
Date of test: _____. |
| 5. | Johne's disease: | Complement fixation test at 1:8 dilution or AGID test or Elisa test. |

Date of test: _____.

- * 6. Campylobacteriosis: Culture of vaginal/preputial washings or swabs. Date of test: _____.
(Test not required for virgin heifers or females bred artificially and bulls under 12 months of age.)
- * 7. Trichomoniasis: Culture of vaginal/preputial washings or swabs. Date of test: _____.
(Test not required for virgin heifers or females bred artificially and bulls under 12 months of age.)
- * 8. BVD: SN test positive at 1:4 dilution or greater followed by a second test 3-5 weeks later with no significant rise in titer or SN test negative at 1:4 dilution followed by a negative virus isolation test.

Type or Print - Name and Address
of Issuing Accredited Veterinarian

Signature - Issuing Accredited Veterinarian

Date Issued

Type or Print - Name of Endorsing
Federal Veterinarian

Signature - Endorsing Federal Veterinarian

Date Endorsed

* Delete if not applicable

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APPENDIX

<u>Breed</u>	<u>Sex</u>	No. of Plastic <u>ID</u>	Age in <u>Months</u>	Metal Ear <u>Taq(s)</u>	Brucellosis Vaccination <u>Status</u>
_____	_____	_____	_____	_____	_____
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